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DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY

**APPLICATION FOR INSPECTOR'S CERTIFICATE OF
COMPETENCY IN THE STATE OF MISSOURI**

PLEASE TYPE OR PRINT

General Information

Name of Applicant: _____
Home Address (*optional*): _____

Home Telephone Number (*optional*): _____
Business Address: _____

Business Telephone Number: _____
**Email Address: (This is used for most correspondence from our office)

Experience

Briefly summarize your experience in the construction, installation, maintenance, repair,
operation, or inspection of boiler and pressure vessels: _____

Months of experience as a steam operating engineer: _____

Months of experience as a boiler maker: _____

Months of experience as a commissioned inspector: _____

Do you possess a Mechanical Engineering degree? _____

Application for Missouri Certificate of Competency
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Beginning with the most current employer, list your former employers and positions held with each employer during the past five years. _____

Current Employer: _____

Supervisor's Name: _____

Supervisor's MO Certificate of Competency Number: _____

Supervisor's National Board Commission Number: _____

Supervisor's Business Address (*required*): _____

Supervisor's Signature (*required*): _____

Please attach a copy of the National Board Commission and a current Certificate of Competency to this application. Failure to do so will delay the issuance of the Missouri Certificate of Competency.

Have you ever had a Certificate of Competency or National Board Commission revoked or suspended in any state of the United States or Province of Canada?

Yes ☐ No ☐ If so, please explain on a separate page.

Have you ever held a certificate of competency in Missouri? Yes ☐ No ☐

If so, please provide the number of the certificates. _____

I hereby certify that I have read, am familiar with and possess a copy of RSMO 650.00 through 650.295, otherwise known as the Missouri Boiler & Pressure Vessel Safety Act, and 11 CSR 40-2.010 through 11 CSR 40-2.060, otherwise known as the Missouri Boiler and Pressure Vessel Administrative Rules. As a commissioned inspector, I will perform my duties in accordance with these laws and rules.

Applicant's Signature